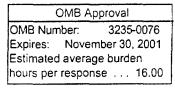
FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C 20549

## FORM D





NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix Serial							
DATE RE	CEIVED						

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Neighborhood Connections Inc.	- COMPA
Filing Under (Check box(es) that apply): ☒ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section	4(6) ULOE PROCESSED
Type of Filing: De New Filing	1 2 0 2003
A. BASIC IDENTIFICATION DATA	10F 2 0 5003
1. Enter the information requested about the issuer	THOMSON
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	SIMANCIAL
Neighborhood Connections Inc (CIK#00012)	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
E802 Jan Remo Houston TX 77083	(281) 564-6418
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
tif different from Executive Offices)	
Brief Description of Business	
Collection and service of pay coin telephones	TOUR
Type of Business Organization / /	
☑ corporation ☐ limited partnership, already formed ☐ o	other (please specify) 9 01 90000
□ business trust □ limited partnership, to be formed	<u> </u>
Month Year	
Actual or Estimated Date of Incorporation or Organization:	Actual Destinated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	State;
CN for Canada: FN for other foreign jurisdiction)	

#### GENERA INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice consistues a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid CMN control number.

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## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and ma Check Box(es) that Apply:		Promoter	☑ Beneficial Owner	🛚 Executive Officer	☑ Director	□General and/or
Full Name (Last name first, i						Managing Partne
Business or Residence Addre	ur (N		traat City State 7in Co	de)		
			ouston TX			
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partne
Full Name (Last name first, i		vidual)	Te			
Business or Residence Addre	ss (N	umber and S	· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:			☐ Beneficial Owner	Executive Officer	☐ Director	□General and/or Managing Partne
Full Name (Last name first, i	f indi	vidual)				
Business or Residence Addre	ss (Ni	umber and S	treet. City, State, Zip Co	de)		And the second s
Check Box(cs) that Apply:		Promotei	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partne
Full Name (Last name first, i	f indi	vidual)				
Business or Residence Addre	ss (Ni	umber and Si	treet, City, State, Zip Co	de)		
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	· D Executive Officer	☐ Director	☐General and/or Managing Partne
Full Name (Last name first, in	f indi	vidual)				
Business or Residence Address	ss (Ni	umber and St	treet, City, State, Zip Co	de)		
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partne
Full Name (Last name first, if	indiv	vidual)				
Business or Residence Address	ss (Ni	ımber and St	reet, City, State, Zip Co	de)		
Check Box(es) that Apply;		Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, it	indiv	vidual)				
Business or Residence Addres	ss (Nı	ımber and St	reet, City, State, Zip Co	de)		

B. INFORMATION ABOUT OFFERING	
	Non-No
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?	Yes No ⊠ □
Answer also in Appendix, Column 2, if filing under ULOE.	
2. What is the minimum investment that will be accepted from any individual?	s /0 =
	Yes No
3. Does the offering permit joint ownership of a single unit?	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, commission or similar remuneration for solicitation of purchasers in connection with sales of securities in offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the S and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	the EC are
Full Name (Last name first, if individual)	
None Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	ates
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	
[MT] [NE] [NV] [NH] [MJ] [NM] [NY] [NC] [ND] [OH] [OH] [OR] [PA] [R]] [SC] [SD] [TN] [TX] [U]] [VT] [VA] [WA] [WV] [W]] [WY] [PR]	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	ites
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]  Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	_
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	tec
(Check "All States" or check individual States)	168
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	
[MT] [NE] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	
[RI] (SC) (SD) (TN) (TX) (UT) [VT] [VA] [WA] [WV] [WI] (WY) [PR]	

# C. OFFERING PRICE. NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the column below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate	Amount Already
	Offering Pric	e Sold
Debt	\$	
Equity	\$ <u>20,000</u>	\$ 14,200
Convertible Securities (including warrants)	\$	\$
Partnership Interests:	\$	
Other (Specify)	\$ \$	
Total	_	_
	\$ <u></u>	
Answer also in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount
Accredited Investors		of Purchases
Non-accredited Investors.	al n	\$ 14,200
		S 14 200
Total (for filings under Rule 504 only)		5 17 xcc
Answer also in Appendix, Column 4, if filing under ULOE		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering	Type of Security	Dollar Amount Sold
Rule 505	•	\$
Regulation A		\$
Rule 504		\$
Total		\$
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$
Printing and Engraving Costs	🗵	\$
Legal Fees		\$
Accounting Fees		\$ 1.000
Engineering Fees		\$
		<u> </u>
Sales Commissions (Specify finder's fees separately)		<u> </u>
Other Expenses (identify) State Registration Fue	🗖	s <u>35°0</u>
<b>7</b>	rest	e 1 44 CD

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND USE OF	PROCEEDS
b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ 12,750
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.		
	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	\$ D	\$
Purchase of real estate	\$ □	\$
Purchase, rental or leasing and installation of machinery and equipment	\$ □	\$
Construction or leasing of plant buildings and facilities	s 🗆	\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger	s □	\$
Repayment of indebtedness.	\$□	\$
Working capital	S <b>D</b>	s 12 750
Other (specify)	S □	<u> </u>
	\$	\$
Column Totals		s 12.756
Total Payments Listed (column totals added)		2,750
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. It following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities an request of its staff, the information furnished by the issuer to any non-accredited investor pursuant	d Exchange Comm	ission, upon written
Signature  Neighborhood Congection To Signature	Date	7. 2003
Neighborhood Connections In ( What Selmon )  Name of Signer (Print or Type)  Ruth Selmon President & Sicretary		

## **ATTENTION**

	E. STATE SIGNATURE	•
	2 (c), (d), (e) or (f) presently subject to any of	
Sec Apper	dix, Column 5, for state response.	
2. The undersigned issuer hereby undertakes Form D (17 CFR 239.500) at such times as	o furnish to any state administrator of any state in required by state law.	n which this notice is filed, a notice of
3. The undersigned issuer hereby undertakes issuer to offerees.	o furnish to the state administrators, upon writter	n request, information furnished by th
Limited Offering Exemption (ULOE) of	ssuer is familiar with the conditions that must be the state in which this notice is filed and und n of establishing that these conditions have been s	erstands that the issuer claiming th
The issuer has read this notification and knows undersigned duly authorized person.	the contents to be true and has duly caused this no	otice to be signed on its behalf by the
Issuer (Print or Type) Neighborhord Connections Inc.	Signature Luck Schwa	Date July 7, 2003
Name of Signer (Print or Type) Ruth Selmon	Title of Signer (Print or Type) President & Secretary	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1		2	3	4					5	
	ŀ	to sell to	Type of security					Disqualification under State ULOE (if yes,		
		credited tors in	and aggregate offering price	•	Type of	investor and		attach explanation of		
		ate	offered in state	а		rchased in State			waiver granted)	
	(Part B	-Item 1)	(PartC-Item 1)		(Part	C-Item 2)		(Part E	(Part E-Item 1)	
		{ . }		Number of		Number of				
State	Yes	No		Accredited Investors	Amount	Nonaccredited Investors	Amount	Yes	No	
AL										
AK				· (						
AZ										
AR										
CA										
CO										
CT			`							
DE										
DC										
FL										
GA										
н										
ID					·					
IL										
IN ·							,			
IA										
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										
МО										

APPENDIX

1		2	3				4				
	Inter	d to sell	ļ							Disqualification under State	
		to sen	Type of se	ecurity						ULOE (if yes,	
		credited	and aggr	egate					attach		
	i .	tors in tate	offering offered in				finvestor and	_		explanation of	
	(	B-Item 1)	(PartC-I				urchased in State t C-Item 2)	e	waiver granted) (Part E-Item 1)		
			<u> </u>			<u> </u>	T		<u> </u>		
				i	Number of		Number of				
State	Yes	No			Accredited Investors	Amount	Nonaccredited Investors	Amount	Yes	No	
MT									_		
NE											
NV	X						40	×14,200		Χ	
NH											
NJ											
NM					ij.						
NY											
NC											
ND											
ОН											
ок											
OR											
PA											
RI											
SC			·								
SD											
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TX											
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VA			· · · · · · · · · · · · · · · · · · ·								
WA											
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WI							A CONTINUE OF				
WY											
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